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32641 7590 11/30/2005

DIGEO, INC C/O STOEL RIVES LLP
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(Signature)
(Date)

02/22/2006 TBESHAH2 00000063 10092008

01 FC:1501 1400.00 OP
 02 FC:8001 15.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/092,008	03/06/2002	Loc V. Nguyen	4000.2.105	7582

TITLE OF INVENTION: CONCENTRIC POLYGONAL MINUS FOR A GRAPHICAL USER INTERFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	02/28/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
THERIAULT, STEVEN B	2179	715-834000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kory D. Christensen2 STOEL RIVES LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Digeo, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kirkland, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 5

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- ☐ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date February 21, 2006

Typed or printed name

Kory D. Christensen

Registration No. 43,548

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TO: ISSUE FEE (Art Unit 2179)	(571) 273-2885	USPTO	

Name:	Sender's Direct Dial:	Sender's Direct Email:
FROM: Kory D. Christensen	(801) 578-6993	kdchristensen@stoel.com

Client: 50588	Matter: 105
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DATE: February 21, 2006

No. of Pages (including this cover): 5

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COMMENTS:


Attached is a Transmittal of Payment of Issue Fee and accompanying documents for Serial No. 10/092,008, filed March 6, 2002, entitled **CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE**.

SaltLake-248868.1 0050588-00370



CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 50588/105
Applicant(s): Loc V. Nguyen			
Application No. 10/092,008	Filing Date March 6, 2002	Examiner Steven B. Theriault	Group Art Unit 2179
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE			
<p>I hereby certify that this _____ See Below: _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571.273.2885</u>)</p> <p>on <u>February 21, 2006.</u> (Date)</p> <p style="text-align: right;">_____ Mary A. Hancock (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;">_____ (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p> <p>Transmittal: Transmittal of Payment of Issue Fee (1 pg.); Part B – Fee(s) Transmittal (1 pg.); PTO-2038 Credit Card Payment Form in the amount of \$1415.00 (1 pg.).</p>			

P18/REV02

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 50588/105	
Applicant(s): Lot V. Nguyen					
Application No. 10/092,008	Filing Date March 6, 2002	Examiner Steven B. Theriault	Customer No. 32641	Group Art Unit 2179	Confirmation No. 7582
Invention: CONCENTRIC POLYGONAL MENUS FOR A GRAPHICAL USER INTERFACE					
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1400.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input type="checkbox"/> Publication Fee: _____					
<input type="checkbox"/> A check in the amount of _____ is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 502375 as described below.					
<input type="checkbox"/> Charge the amount of _____					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature		Dated: February 21, 2006			
Kory D. Christensen Pat. Reg. No. 43,548 STOEL RIVES LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, Utah 84111 Telephone: 801.578.6993 Facsimile: 801.578.6999					
cc: Client					
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